



Driver Improvement Clinic Owner Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—must submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- ☐ All applicants—if you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ All applicants must submit a photocopy of their diploma and/or official transcript. A minimum of a high school diploma or GED is required.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders must submit one (1) photograph, taken within thirty (30) days of filing this application.
- ☐ Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each clinic location. (Form # RC-DI-101)
- ☐ Submit proof of a fire code inspection of the clinic location, dated within 90 days of filing the application, showing no violations.
- ☐ Submit a copy of the clinic's business license.
- ☐ Submit the clinic's Standard Business Hours. (Form # RC-800)
- ☐ Submit a draft of the student contract, pre-numbered and pre-printed with clinic address and phone number. (Form # RC-DI-102)
- ☐ Submit sample copies of all forms to be used by the clinic including evaluation forms (Form # RC-DI-105), class roster (Form # RC-DI-104), and any handouts given to students. All forms must be pre-printed with clinic address and phone number.
- ☐ Submit an application fee of \$200.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; **or**
- ☐ Submit a notarized certification of the adopted business name. The notarized certification that is required by our department, per Rule 375-5-.04(4), is obtained from the Clerk of the Superior Court (Form # RC-700).
- ☐ Submit \$10.00 in certified funds, made payable to the Department of Driver Services, for official Certificates of Completion.
- ☐ Submit a copy of the clinic certificate from one of the following approved curriculum providers:
 - American Safety Council (A.S.C.) - (407) 539-0163
 - Driving Educators of Georgia (D.E.O.G.) - (770) 919-8019
 - Georgia Association for Risk Reduction & Defensive Driver Education (G.A.R.D.E.) - (770) 830-0045
 - National Safety Council (N.S.C.) - (770) 729-0077 ext. 41004
 - USA Training, Inc. (USA/Georgia) - (850) 509-0085

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name

Legal Signature

Date

Please submit application, fees & all supporting documents to:

Georgia Department of Driver Services

Attn: Regulatory Compliance Division

2206 East View Parkway

Conyers, Georgia 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Driver Improvement Clinic Owner Application

SECTION I: Clinic Information

Full Legal Name of Driver Improvement Clinic

Trade Name/DBA, if applicable

Physical Address City County State Zip Code

Mailing Address ☐ Same as above City County State Zip Code

Classroom Address ☐ Same as physical City County State Zip Code

Clinic Telephone Number Clinic Facsimile Number

Clinic Email Address Clinic Website

Contact Name Title Phone Number Email Address ☐ Same as above

- ☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be emailed to the contact person's email address provided.

NOTE: You will be required to have a working and verifiable telephone number prior to being certified.

1.1 Indicate the services this facility will offer:

- ☐ Classroom and office with full operating hours ☐ Classroom only

1.1.1 If classroom only services are indicated in question 1.1, list the principal driver improvement clinic where the records will be maintained.

Clinic Name Clinic Certification Number

1.2 Will this clinic be a corporation or limited liability company?

- ☐ Yes ☐ No

1.2.1 If you indicated "Yes" to question 1.2, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?

- ☐ Yes ☐ No

1.2.2 If yes, list the names of all officers or controlling stockholders.

Name	Title/Position	Interest Held



1.3 Will this clinic be jointly owned (partnership)?

☐ Yes ☐ No

1.3.1 If yes, list the names of all partners/owners.

Name	Title/Position

1.4 Curricula the clinic is certified to instruct: (check all that apply)

☐ A.S.C. ☐ D.E.O.G. ☐ G.A.R.D.E. ☐ N.S.C. ☐ USA/Georgia

1.5 In the chart below, list the full name(s) of the instructors that will be employed at your clinic.

Name	DDS Instructor Certification #	DDS Expiration Date	Curriculum

SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
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Date of Birth	Driver's License #	State of Issuance	Social Security #
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Primary Phone Number	Secondary Phone Number
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Email Address

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. driver training, risk reduction)?

☐ Yes ☐ No

2.1.1 If you answered "Yes" to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)

Date(s)

2.2 Are you currently, or have you ever been, certified as a driver improvement clinic owner or instructor in the state of Georgia?

☐ Yes ☐ No

2.2.1 If you answered "Yes" to question 2.2, list your certification number: _____



2.3 Are you currently, or have you ever been, certified by the Department of Driver Services as a risk reduction or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

☐ Yes ☐ No

2.3.1 If you answered "Yes" to question 2.3, indicate your certification type(s) and certification number(s):

SECTION 3: Applicant Qualifications

3.1 Are you a United States citizen?

☐ Yes ☐ No

3.1.1 If you answered "No" to question 3.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

3.2 Are you currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

3.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

3.4 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

3.5 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

3.6 Do you own, manage, and operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

3.7 Are you at least 21 years of age?

☐ Yes ☐ No

SECTION 4: Criminal History

4.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

☐ Yes ☐ No

4.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?

☐ Yes ☐ No

4.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?

☐ Yes ☐ No



4.4 Are you currently on probation for any criminal offense in this or any other state?
☐ Yes ☐ No

4.4.1 If you answered “Yes” to question 4.4, give the nature of probation in the area below.

Offense	State and County	Date
Offense	State and County	Date

4.5 Are there any criminal charges currently pending against you?
☐ Yes ☐ No

4.5.1 If you answered “Yes” to question 4.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

4.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, *nolle prossed*, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

4.7 Have you received a pardon for any of the offenses listed in question 4.6 above?
☐ Yes ☐ No

4.7.1 If you answered “Yes” to question 4.7, attach a copy of the pardon.

SECTION 5: Driving History

5.1 Do you currently possess a valid driver’s license?
☐ Yes ☐ No

5.2 In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

5.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?
☐ Yes ☐ No



5.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?
☐ Yes ☐ No

5.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?
☐ Yes ☐ No

5.5.1 If you answered “Yes” to question 5.5, list the state(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s).

State	Reason	Month/Year

5.6 In the space provided below, list your complete driving history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

5.7 Are there any traffic charges currently pending against you?
☐ Yes ☐ No

5.7.1 If you answered “Yes” to question 5.7, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

SECTION 6: Educational Experience

Name of High School	City/State	Diploma Obtained	GED	Date Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Attach copies of your diploma(s) and/or official transcript(s).



SECTION 7: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the DDS rules and regulations and will allow the examination and audit of the books, records, and financial statements of the driver improvement clinic by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for clinic certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

The driver improvement clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

SURETY BOND FOR DRIVER IMPROVEMENT CLINIC

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: that we,

(Full Name of Driver Improvement Clinic Including the Full Legal Name and any D/B/A Name)

as Principal, and _____
(Full Name of Insurance Company)

a corporation organized and existing under the laws of the State of _____
(State Insurance Company is domiciled in)

and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for the use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

WHEREAS, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate a DRIVER IMPROVEMENT CLINIC under the provisions as set out in O.C.G.A. §40-5-80; representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF DRIVER SERVICES, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF DRIVER SERVICES in connection with such application, are true; and obligates itself and its agents to faithful compliance with all provisions of said Georgia Law O.C.G.A. §40-5-80 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law, O.C.G.A. §40-5-80, Paragraph (2), for the protection of the contractual rights of students who enter into the annexed contract with

(Name of Driver Improvement Clinic and Physical Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants, and shall not be construed as individual liability.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ Day of _____, 20_____.

ATTEST:

Principal

(Witness)

Owner's Name

COUNTERSIGNED

Owner's Signature

(Resident Agent of Georgia)
RC-DI-101 (09/09)

By



Standard Business Hours

Risk Reduction Program Hours of Operation

Ga. Admin. Comp. Chapter 375-5-6-.19 Each program shall maintain business hours of at least fifteen (15) hours per week.

Driver Improvement Clinic Hours of Operation

Ga. Admin. Comp. Chapter 375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

Driver Training School Hours of Operation

Ga. Admin. Comp. Chapter 375-5-2-.11 (k) An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

Ignition Interlock Device Provider Center Hours of Operation

Proposed Rule: Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

Important Note: Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 p.m., Monday to Friday.

Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.

Hours of operation certified by: _____
(Signature of program owner/director)

(ALL CONTRACTS MUST BE PRE-NUMBERED AND IN DUPLICATE)

THIS SPACE IS FOR THE FULL NAME OF THE CLINIC
CLINIC ADDRESS
CLINIC TELEPHONE
DDS CLINIC CERTIFICATION #

Name: _____ Date(s) of Class: _____
Address: _____ Time(s) of Class: _____
_____ Class Location: _____
Date of Birth: _____
Driver's License No.: _____ Type of Course: _____
Telephone No.: _____ Amount Paid: \$ _____

I, the undersigned student, agree to complete the above course, consisting of _____ classes for _____ hours each, totaling _____ hours of instruction by the above-name driver improvement clinic. It is understood that this Clinic is certified by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title §40-5-80 (DRIVER IMPROVEMENT ACT) and the rules and regulations adopted thereunder and that each instructor is certified by the DDS. This course is approved by the DDS.

The student's successful completion of the above-named course requires each of the following:

1. Attendance at all classes sober and free from illicit drugs.
2. Attendance on time for all sessions.
3. Reasonable attentiveness and participation in all classes.
4. Attendance at all sessions unless medically excused.
5. All sessions must be completed within 60 days.
6. Successfully passing a written or oral examination with a grade of at least 70.

This driver improvement clinic will not refund any tuition or part of tuition if the Clinic is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately.

It is agreed that an owner, instructor, or employee of this Clinic shall not give the impression to a student that upon completion of their instruction this Clinic will guarantee the securing of a driver's license to operate a motor vehicle. However, immediately upon the student's successful completion of the course as described above, the Clinic agrees to provide certification of said completion to the student.

This Clinic has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of ten thousand (\$10,000.00) dollars for the students to be written by a company authorized to do business in the state of Georgia.

This agreement constitutes the contract between the above-named driver improvement clinic and the above-named student and no verbal statements will be recognized.

Signature of Student _____ Date _____ Signature of Authorized Clinic Representative _____ Date _____

Driver Improvement Course Evaluation Form

1. Date Course Taken: _____
2. Name of Instructor(s): _____
3. Why did you take this course?
_____ Insurance Reduction _____ Points Reduction _____ To Improve Driving
_____ License Reinstatement _____ Other
4. Is this the first time you have taken a course of this type? _____ Yes _____ No
5. How many students were in the class with you? _____
6. How would you rate the facility?
_____ Excellent _____ Good _____ Fair _____ Poor
7. How would you rate the instructor?
_____ Excellent _____ Good _____ Fair _____ Poor
8. How would you rate the course and course material?
_____ Excellent _____ Good _____ Fair _____ Poor
9. Will the information learned in this course improve your driving skills?
_____ Yes _____ No

Your comments are welcome:

Driver Improvement Class Roster

(Please Type)

Clinic Name & Number: _____ Date: _____

Date Class Started: _____ Date Class Ended: _____ Clinic Exp. Date: _____

Instructor Name: _____

DDS Instructor #: _____ DDS Instructor Exp. Date: _____

	REASON			FULL NAME	CERTIFICATE NUMBER	D.O.B.	LICENSE NUMBER	FEE
	DDS	Ins.	Other					
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
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20.								
21.								
22.								
23.								
24.								
25.								

The above information is true and correct to the best of my knowledge. I am aware that if I knowingly falsify any of the above information, both my certification and the certification of the clinic will be revoked.

Signature of Clinic Owner: _____ Date: _____

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA

COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE

CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE

STATE OF GEORGIA UNDER THE TRADE NAME:

THE NATURE OF SAID BUSINESS IS _____

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

NAME(S)

ADDRESS(ES)

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA

LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.